

# **EXHIBIT B**

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF OHIO  
EASTERN DIVISION

MDL NO. 2804

CASE NO. 17-md-2804

Hon. Dan A. Polster

IN RE: NATIONAL PRESCRIPTION OPIATE LITIGATION

THIS DOCUMENT RELATES TO:

TRACK THREE CASES

REMOTE VIDEO DEPOSITION OF  
CALEB ALEXANDER, M.D.

May 27, 2021

REPORTED BY: Laura H. Nichols  
Certified Realtime Reporter,  
Registered Professional  
Reporter and Notary Public

1 of these programs, your knowledge or framework for  
2 any -- this report and other reports of the  
3 programs that you identified, are you aware of any  
4 programs, that you're recommending, that the  
5 pharmacies have implemented already in Lake and  
6 Trumbull County? Are you aware of any?

7 A. Well, I think, as it applies to this  
8 case, a major opportunity for the pharmacies is  
9 with respect to the institution of measures to  
10 reduce the oversupply, and unnecessary oversupply  
11 of opioids in the supply chain. And I believe that  
12 there's an appendix to my report that discusses in  
13 detail the public health rationale for these  
14 measures.

15 But my development of that appendix  
16 did not require me to evaluate the specific actions  
17 of pharmacies to date. And I would leave it to  
18 Mr. Catizone or other experts to do so.

19 Q. So as you sit here today, you do not  
20 know -- not looking forward, but existing,  
21 preexisting programs by pharmacies as to whether  
22 they do anything that is outlined in your report,  
23 you don't know sitting here today, correct?

24 A. No, that's not correct.

25 Q. Okay. What programs do you know that

1 the pharmacies run that are outlined in your  
2 framework, your abatement framework?

3 A. Well, I reviewed the section of  
4 Mr. Carmen Catizone's report that elucidated or  
5 that outlined what appear to be significant missed  
6 opportunities on the part of pharmacies to  
7 institute safer practices to reduce the oversupply  
8 of prescription opioids in the supply chain.

9 Q. And that was based on Mr. -- or  
10 Catizone's analysis, right?

11 A. Correct.

12 Q. Have you analyzed any existing  
13 programs, personally analyzed any existing programs  
14 within the pharmacies?

15 A. I have some experience. I have  
16 published papers on pharmacy-based interventions,  
17 and I have performed independent scholarship  
18 looking at pharmacy-based interventions.

19 And so I do have some experience in  
20 understanding of the sorts of interventions that  
21 pharmacies could potentially implement in order to  
22 reduce opioid oversupply.

23 Q. I -- my statement was as to existing  
24 programs existing in Lake and Trumbull County  
25 operated by pharmacies, have you analyzed those?

1           A.       My abatement report didn't require me  
2       to analyze and net out existing programs that may  
3       be operational in Lake and Trumbull Counties.

4           Q.       If you look at, for instance, Page 20  
5       of your report. If you look at Paragraph 57. And  
6       you're talking here about patient and public  
7       education, correct?

8           A.       Yes, that's correct.

9           Q.       And you acknowledge, in Paragraph 57,  
10      that Trumbull County has an outreach program  
11      through the ASAP program, right?

12          A.       Yes, that's correct.

13          Q.       What information do you have on the  
14      details of that outreach program?

15                  MR. ARNOLD: Objection, form.

16          Q.       (BY MR. MANNIX:) I mean, other than  
17      what's stated here, you state, "For example, the  
18      Coalition disseminates education materials to  
19      address stigma, provide tools that parents can use  
20      to discuss substance use with their children, and  
21      maintains a directory of treatment and recovery  
22      support within Trumbull County."

23                  Do you see that?

24          A.       Yes, I do.

25          Q.       Other than that, do you have any

1 additional information related to the ASAP outreach  
2 program related to patient and public education?

3 A. Well, I would want to look at the  
4 materials in my report. I mean, I would start with  
5 Reference 188. But there are, you know, six  
6 hundred plus references in my report. And then we  
7 identified another, I don't know, two hundred or  
8 however many in the additional materials that I  
9 consulted, but didn't use directly.

10 So there may well be other materials  
11 that provide more context for the alliance for  
12 substance abuse preventions, outreach efforts  
13 within the community of Trumbull County.

14 Q. All right. And Citation 188 is a  
15 link to the website for the TCMHRB. Okay?

16 As you sit here today, do you have  
17 any knowledge of additional information related to  
18 the ASAP program that you identify in Paragraph 57  
19 of your report?

20 A. Well, as I sit here today, I mean, my  
21 approach in answering your question would be  
22 similar to any other day, which is to look  
23 carefully at the totality of evidence that I have  
24 available.

25 And so, you know, to answer your

1 question, I'd like the opportunity to look at that  
2 reference, as well as other references in my report  
3 that may be relevant to your question.

4 Q. Would you have any knowledge of the  
5 amount of money that was expended by the ASAP  
6 program related to the patient and public outreach  
7 over the last five years? Did you look at that  
8 information?

9 A. Again, what I would say is that I  
10 think the communities have done the best they --  
11 they can with the resources that they've had and  
12 what they have had.

13 And my forward-looking abatement plan  
14 was not predicated on or didn't require me to parse  
15 out line by line the amount of dollars spent for  
16 specific programs and services in the community.

17 Q. Did you attempt, in any way, to  
18 analyze the effectiveness of that ASAP program in  
19 seeking the goal of patient and public education?

20 A. Well, there's an enormous evidence  
21 base to support the effectiveness, and in many  
22 cases cost effectiveness, of the types of  
23 interventions that I propose.

24 So I didn't do a retrospective  
25 evaluation of the impact of any specific program in

1 the community. But I can assure you that there is  
2 not a lot of disagreement in public health and  
3 public policy about the effectiveness of the types  
4 of interventions that I propose in my abatement  
5 plan.

6 Q. Is it your opinion that the existing  
7 program, this ASAP program in Lake County -- or  
8 excuse me, in Trumbull County, related to patient  
9 and public education, was not sufficient to  
10 accomplish the goals of your plan as it relates to  
11 patient and public education?

12 A. Well, I haven't done a line-by-line  
13 retrospective on the spending or resources that  
14 were committed to one particular plan, or one  
15 particular program or another, because that wasn't  
16 required for me to develop my abatement program,  
17 which is a forward-looking program to prevent  
18 further harms from accruing in these communities.

19 Q. And I wasn't asking for spending or  
20 resource retrospective. I was talking about  
21 performance or effectiveness of the program.

22 Does your answer remain the same, or  
23 did you do an analysis of the effectiveness and  
24 performance of the existing program to compare to  
25 what you're proposing?



1           A.           What I do is discuss a large number  
2 of complimentary interventions, and I leave it  
3 to -- that are evidence-based. And I leave it to  
4 the communities to ultimately determine the plan,  
5 the mix of services and programs.

6                       And part of that process, at a  
7 community level, will be deciding what already is  
8 adequately resourced within the community and what  
9 isn't.

10                      So that's something that the  
11 community would decide, not me.

12                      MR. MANNIX: I think it's 12:30  
13 exactly. I think that's when we said we'd take our  
14 break, so why don't we do that. Plan on 1:15  
15 coming back?

16           A.           That's fine. Or 1:00, if you prefer  
17 and others prefer. Either way would be fine.

18                      MR. MANNIX: Yeah. Let's shoot for  
19 definitely 1:15. My experience is thirty minutes  
20 is always -- it's a little longer than that. So  
21 somewhere in that thirty or forty-five minutes.  
22 But we'll do 1:15.

23           A.           1:15 it is. Thank you so much.

24                      THE VIDEOGRAPHER: Off the record,  
25 12:31.

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